DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Health Care Financing
HCF 1153 (Rev. 09/02)

WISCONSIN MEDICAID
BREAST PUMP ORDER

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information shall include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

INSTRUCTIONS: The form is to be completed by the physician, given to the provider of the breast pump, and kept in the recipient's medical file as required under HFS 106.02(9), Wis. Admin. Code. The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

	1. Date of Order
2. Name — Recipient (Mother)	3. Address — Recipient
4. Date of Birth — Infant	5. Recipient's Medicaid Identification Number

6. Clinical Guidelines

All of the following must apply as a condition for Medicaid coverage. By checking the boxes, the physician verifies that all conditions are met.

- ❑ a. Physician ordered or recommended breast milk for infant.
- ❑ b. Potential exists for adequate milk production.
- ❑ c. Recipient plans to breast-feed long term.
- ❑ d. Recipient is capable of being trained to use the breast pump.
- ❑ e. Current or expected physical separation of mother and infant (e.g., illness, hospitalization, work) would make breast-feeding difficult or there is difficulty with "latch on" due to physical, emotional, or developmental problems of the mother or infant.

7. Type of Pump

Physician orders or recommends the following breast pump:

- ❑ a. Breast pump, manual, any type.
- ❑ b. Breast pump, electric (AC and/or DC), any type.
- ❑ c. Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies transformer, electric (AC and/or DC).

8. Name — Physician (Type or Print)	9. Address — Physician
10. SIGNATURE — Physician	11. Date Signed

Reset Form